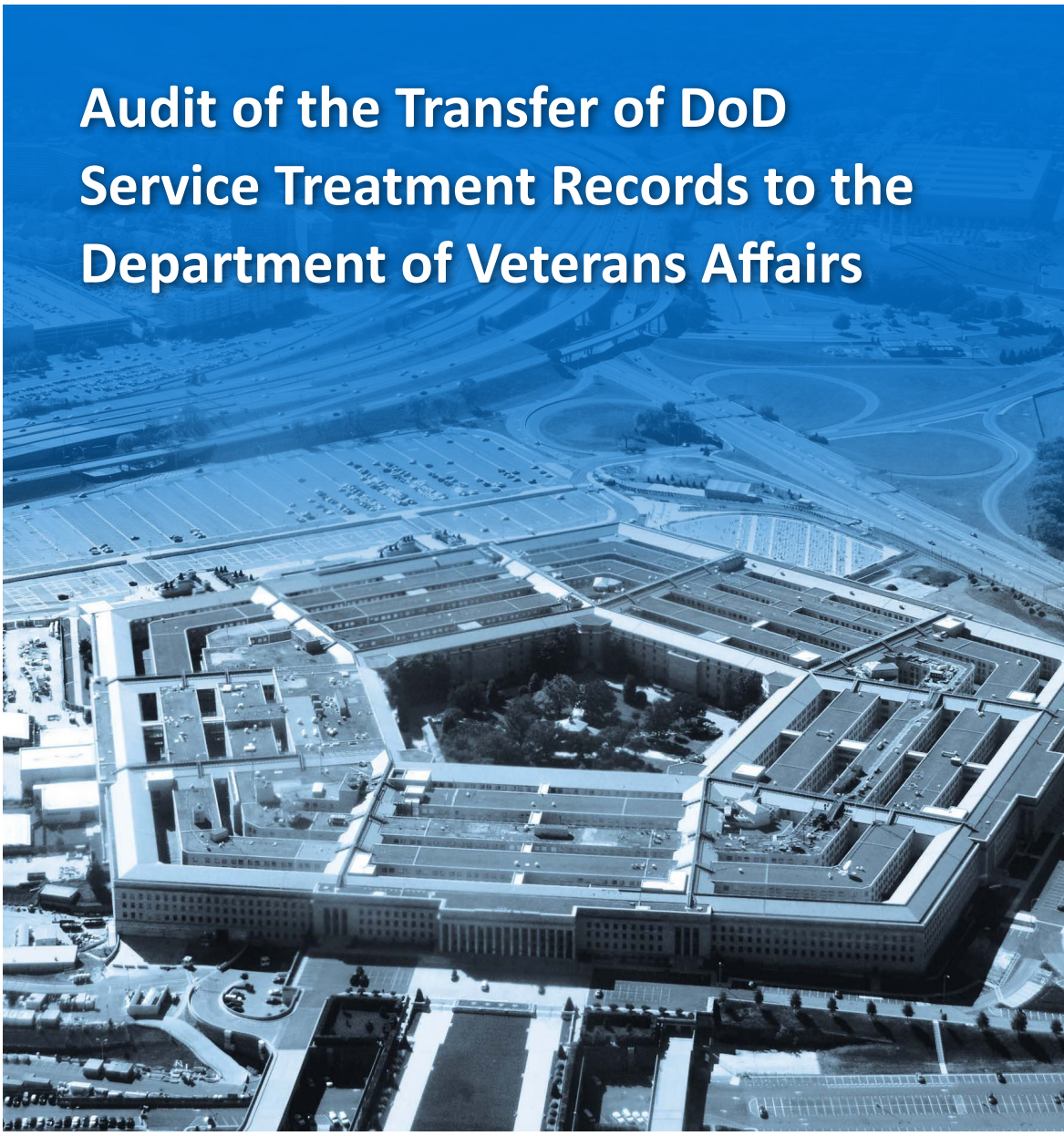
Report No. DODIG-2014-097

INSPECTOR GENERAL

U.S. Department of Defense

JULY 31, 2014

Audit of the Transfer of DoD Service Treatment Records to the Department of Veterans Affairs



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Report Documentation Page

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Results in Brief

Audit of the Transfer of DoD Service Treatment Records to the Department of Veterans Affairs

July 31, 2014

Objective

Our objective was to determine whether DoD effectively transferred service treatment and personnel records to the Department of Veterans Affairs. Specifically, we evaluated whether DoD made available timely and complete service treatment records (STRs) to the Department of Veterans Affairs (VA). Based on discussions with Senate Appropriation Committee-Defense officials, we focused on the transfer of STRs and did not review the process for personnel records.

Finding

DoD did not consistently transfer timely and complete STRs to the VA. Our results, by Military Department, were as follows:

- Army – of 96,224 STRs transferred to the VA from January to December 2013, 74,470 (77 percent) were not timely (transferred within 45 business days) and 26,901 (28 percent) were not complete.
- Air Force – of 45,912 STRs transferred to the VA from January to December 2013, 16,187 (35 percent) were not timely and 5,144 (11 percent) were not complete.

Finding (cont'd)

- Navy – the Navy and Marine Corps did not maintain sufficient data to determine results from January to December 2013. However, data provided for July and August 2013 indicated that of the 3,217 STRs transferred to the VA, 1,479 (46 percent) were not timely. In addition, the Navy did not maintain the data necessary to determine whether the STRs were complete.

This occurred because DoD did not provide the Military Departments with clear or comprehensive guidance concerning the STR transfer process, to include the DoD-VA agreed upon procedure for certifying STR completeness. In addition, the Army Reserve and National Guard and the Navy had inefficient procedures in place for transferring STRs. DoD's failure to consistently make timely and complete STRs available to the VA likely contributed to delays in processing veterans' benefit claims.

Recommendations

We recommend that the Under Secretary of Defense for Personnel and Readiness, in coordination with the Director, Defense Health Agency, revise DoD Instruction 6040.45, "Service Treatment Record (STR) and Non-Service Treatment Record (NSTR) Life Cycle Management," October 28, 2010, to update the process for certifying STRs as complete and require the Military Departments to perform annual reviews of STRs with service members to achieve STR completeness. We also recommend that the Commander, U.S. Army Medical Command and the Commander, U.S. Navy Bureau of Medicine and Surgery identify and resolve inefficiencies in the STR transfer process that delay the timely processing of STRs for active duty and Reserve Component personnel.

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Results in Brief

Audit of the Transfer of DoD Service Treatment Records to the Department of Veterans Affairs

Management Comments and Our Response

Management comments partially addressed the recommendations. The Under Secretary of Defense for Personnel and Readiness agreed stating that a draft DoD Instruction has been updated to incorporate the recommendations and that it will begin coordination in August 2014. The Chief of Staff for the Department of the Army Office of the Surgeon General agreed stating that the Army has published STR timeliness requirements and is providing training to Reserve Component personnel. However, the Under Secretary of Defense for Personnel and Readiness did not provide actions to address the requirement for annual STR reviews and the Commander, U.S. Navy Bureau of Medicine and Surgery, did not provide management comments. Therefore, we request that the Under Secretary of Defense for Personnel and Readiness and the Commander, U.S. Navy Bureau of Medicine and Surgery, provide comments by August 29, 2014.

Recommendations Table

Management	Recommendations Requiring Comment	No Additional Comments Required
Under Secretary of Defense (Personnel and Readiness)	2	1.a, 1.b, 1.c, 1.d, 1.e
Commander, U.S. Army Medical Command		3
Commander, U.S. Navy Bureau of Medicine and Surgery	3	

Please provide comments by August 29, 2014.

INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

July 31, 2014

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE PERSONNEL AND READINESS
DIRECTOR, DEFENSE HEALTH AGENCY
AUDITOR GENERAL, U.S. ARMY
NAVAL INSPECTOR GENERAL
ASSISTANT SECRETARY OF THE AIR FORCE (FINANCIAL MANAGEMENT AND COMPTROLLER)

SUBJECT: Audit of the Transfer of DoD Service Treatment Records to the Department of Veterans Affairs (Report No. DODIG-2014-097)

We are providing this report for your review and comment. DoD's failure to consistently make timely and complete Service Treatment Records available to the VA likely contributed to delays in processing veterans' benefit claims. The Consolidated Appropriations Act of 2014, directs the DoD Inspector General, in coordination with the VA Office of the Inspector General, to examine the process and procedures in place for transmitting service treatment and personnel records from the DoD to the VA. The VA Office of the Inspector General will issue a separate report.

DoD Directive 7650.3 requires that all recommendations be resolved promptly. We considered management comments on a draft of this report when preparing the final report. The Under Secretary of Defense for Personnel and Readiness and the Chief of Staff of the Department of the Army Office of the Surgeon General provided comments that were generally responsive to Recommendations 1.a, 1.b, 1.c, 1.d, 1.e, 2, and 3. However, we request additional comments from the Under Secretary of Defense for Personnel and Readiness for Recommendation 2. In addition, we request comments from the Commander, U.S. Navy Bureau of Medicine and Surgery for Recommendation 3. We should receive all responses to comments by August 29, 2014.

We appreciate the courtesies extended to the staff. Please direct questions to me at (703) 699-7331 (DSN 499-7331).

Carol N. Gorman

Assistant Inspector General
Readiness and Cyber Operations

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Introduction

Objective

Our audit objective was to determine whether DoD was effectively transferring service treatment and personnel records to the Department of Veterans Affairs (VA). We initiated this audit in response to the Consolidated Appropriations Act of 2014, which directs the DoD Inspector General (DoDIG), in coordination with the VA Office of the Inspector General, to examine the process and procedures in place for transmitting service treatment and personnel records from the DoD to the VA.

Based on discussions with Senate Appropriations Committee-Defense staff, we focused the audit on the transmission of service treatment records (STR) to the VA and did not review the transmission of personnel records. Accordingly, the focus of the audit was to determine whether DoD was providing timely and complete STRs to the VA.

Background

According to DoD Instruction (DoDI) 6040.45, "Service Treatment Record (STR) and Non-Service Treatment Record (NSTR)[1] Life Cycle Management," October 28, 2010, an STR is a record of all essential medical, mental health, and dental care received by service members during their military career. The STR is the official record used to support clinical care and the evidentiary needs of the DoD, the VA, and the service member. The VA uses the STR to support veteran benefit claims, to include Reserve component service members who file benefit claims while still in the Reserves.

Before January 2014, the STR transfer process required Medical Treatment Facilities (MTFs) to print all electronic health information stored in the Armed Forces Health Longitudinal Technology Application (AHLTA)[2] and file it in the patient's paper medical and dental record. The MTFs transferred the paper STRs to Army or Air Force central cells,[3] Navy personnel support detachments, (PSD) or Marine Corps installation personnel administration centers. The central cells, PSDs, and installation personnel administration centers performed additional processing such as adding the DD Form 214, "Certificate of Release or Discharge from Active Duty," August 2009, to the STR before mailing it to the VA.

[1] A Non-Service Treatment Record is the medical, dental and mental health care received by non-Service members.

[2] AHLTA is an electronic medical record system used by DoD medical providers who enter progress notes, place orders, and document procedures performed.

[3] DoDI 6040.45 uses the term out-processing center instead of central cell when referring to the activities responsible for transferring STRs to the VA. Because DHA officials stated that future versions of DoDI 6040.45 will only refer to those activities as central cells, we elected to use the term central cell and not out-processing centers in this report.

In July 2013, the Assistant Secretary of Defense for Health Affairs (ASD[HA]) issued a memorandum providing guidance to the Military Departments to initiate a paperless process by January 1, 2014, for transferring STRs to the VA. Under this process, the paper portion of the STR is digitized using the Healthcare Artifact and Image Management Solution (HAIMS) and then merged with AHLTA data, enabling DoD to provide the STR to the VA in a paperless manner. Instead of providing all STRs to the VA, as was done under the previous STR transfer process, the VA downloads the STRs directly from HAIMS, as needed to process veteran's benefit claims. The DD Form 214 is no longer included with the STR, because the VA accesses the forms through a separate personnel system.

Roles and Responsibilities

The Under Secretary of Defense for Personnel and Readiness (USD[P&R]) is responsible for prescribing policies, requirements, and responsibilities for the STR life cycle management process, including the release of STR information from DoD to VA. USD(P&R) oversees the implementation of and compliance with DoDI 6040.45. The USD(P&R) delegated to ASD(HA) the responsibility for the release of STR information to the VA. The ASD(HA) in turn, delegated this responsibility to the Director, Defense Health Agency (DHA).

ASD(HA) enables the transfer of STR information from the Military Departments in order to process entitlements and benefits for service members and veterans. ASD(HA) also coordinates improvement and reengineering of STR information management processes with the Secretaries of the military departments to enable efficient and effective business practices within DoD as needed.

Service Treatment Record Guidance

DoDI 6040.45, establishes policy, assigns responsibility, and prescribes procedures for implementing the STR life cycle management process. DoDI 6040.45 requires the Secretaries of the military departments to update respective Service regulations and standardize the use of the term "service treatment record." The instruction also requires that STRs be transferred to the VA within 45 business days of the service member's retirement or discharge. Specifically, the MTFs and Dental Treatment Facilities (DTF) have 30 business days to provide the complete STR to the appropriate central cell or PSD and the central cells or PSDs have 15 business days to complete

the transfer to the VA. DoDI 6040.45 also requires the MTFs and DTFs to conduct completeness checks of the medical, mental health, and dental records in preparation for transfer to VA and conduct annual records reviews as an internal control for STR accuracy and accountability.

Review of Internal Controls

DoD Instruction 5010.40, "Managers' Internal Control Program Procedures," May 30, 2013, requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls. We identified internal control weaknesses concerning the STR transfer process. Specifically, DoD did not consistently transfer timely and complete STRs to the VA. In addition, the Army and Navy had inefficient procedures in place for transferring STRs to the VA. We will provide a copy of this report to the senior official responsible for internal controls at the USD(P&R) and DHA, U.S. Army Medical Command, and the U.S. Navy Bureau of Medicine and Surgery.

Finding

Service Treatment Records Not Consistently Timely or Complete When Transferred to Veterans Affairs

DoD did not consistently transfer timely and complete STRs to the VA. Our results, by Military Department, were as follows:

- Army – of 96,224 STRs transferred to the VA from January to December 2013, 74,470 (77 percent) were not timely (transferred within 45 business days) and 26,901 (28 percent) were not complete.
- Air Force – of 45,912 STRs transferred to the VA from January to December 2013, 16,187 (35 percent) were not timely and 5,144 (11 percent) were not complete.
- Navy – the Navy and Marine Corps did not maintain sufficient data to determine results from January to December 2013. However, data provided for July and August 2013 indicated that of the 3,217 STRs transferred to the VA, 1,479 (46 percent) were not timely. In addition, the Navy did not maintain the data necessary to determine whether the STRs were complete.

This occurred because DoD did not provide the Military Departments with clear or comprehensive guidance concerning the STR transfer process, to include the DoD-VA agreed upon procedure for certifying STR completeness. In addition, the Army Reserve, National Guard, and the Navy had inefficient procedures in place for transferring STRs. DoD's failure to consistently make timely and complete STRs available to the VA likely contributed to delays in processing veteran's benefit claims.

Army STR Timeliness and Completeness

The Army did not meet STR timeliness and completeness requirements for the 96,224 STRs transferred to the VA from January to December 2013. Specifically, of those 96,224 STRs, 74,470 (77 percent) were not transferred timely and 26,901 (28 percent) were not complete.

To determine timeliness, we calculated the elapsed business days between the date the service member separated from service and the date the central cell mailed the STR to the VA. We grouped our results into three subcategories—records transferred

within 45 business days, records transferred between 46 and 120 business days, and records transferred to the VA in over 120 business days. See Table 1 for the Army 2013 timeliness results which demonstrate that less than 25 percent of the STRs were transferred timely.

Table 1. Army Timeliness Results – January to December 2013

STRs Transferred to VA	Number of STRs	Percent of Total
Within 45 business days	20,057	21
Between 46 and 120 business days	32,916	34
Over 120 business days	41,554	43
Timeliness Undeterminable*	1,697	2
Total	**96,224**	**100**

*We could not determine the timeliness for these records because the date of separation was not recorded for these STRs.

Both the MTFs and the central cell contributed to the untimely STR transfers. For example, during a site visit to an Army MTF in December 2013, we found several boxes of STRs for service members who separated from the military as far back as July 2011. According to the MTF staff, the central cell asked them to keep the STRs because there was no room at the central cell and that the MTF could just wait and process the STRs using the new paperless system that was to be in place after January 1, 2014. At the central cell, the program manager stated that ensuring an STR was complete took precedence over timeliness and that they would sacrifice timeliness in an attempt to ensure completeness.

Although the central cell program manager stated that they concentrated on completeness, we identified that 28 percent of Army STRs mailed to the VA in 2013 were incomplete.

Although the central cell program manager stated that they concentrated on completeness, we identified that 28 percent of Army STRs mailed to the VA in 2013 were incomplete. To determine completeness, we identified whether the STR contained three key components as required by DoDI 6040.45—a medical record, a dental record, and a separation document. We identified that 26,901 of the 96,224 STRs were missing one or more of those key components. Of the 26,901 incomplete Army STRs, 13,562 were missing a medical record, 14,174 were missing a dental record, and 2,428 were missing a separation document.

Air Force STR Timeliness and Completeness

The Air Force did not meet STR timeliness and completeness requirements for the 45,912 STRs transferred to the VA from January to December 2013. Specifically, 16,187 (35 percent) were not timely and 5,144 (11 percent) were not complete.

As with our analysis of the Army records, we determined timeliness by calculating the number of business days that elapsed between the date of service member's separation and the date the central cell mailed the STRs to the VA. See Table 2 for the Air Force 2013 timeliness results which demonstrate that 35 percent of the STRs processed between January to December 2013 were late.

Table 2. Air Force Timeliness Results – January to December 2013

STRs Transferred to VA	Number of STRs	Percent of Total
Within 45 business days	29,694	65
Between 46 and 120 business days	8,808	19
More than 120 business days	7,379	16
Timeliness Undeterminable*	31	0
Total	**45,912**	**100**

*We could not determine the timeliness for these records because the date of separation was not recorded for these STRs.

Unlike the Army, the Air Force central cell personnel stated that they concentrated on meeting timeliness requirements. For example, Air Force central cell personnel stated that they often would transfer STRs without dental records because only a small percentage of benefit claims were dental related. Our analysis of completeness identified that 11 percent of the Air Force's STRs were incomplete. Of the 5,144 STRs we determined were incomplete, 1,071 were missing a medical record, 4,116 were missing a dental record, and 113 were missing a separation document.

Navy and Marine Corps STR Timeliness and Completeness

Because the Navy and Marine Corps did not have a centralized database to track the STRs mailed to the VA, we could not get complete data from January through December 2013 to analyze for timeliness or completeness. However, we were able to obtain data on Navy STRs for July and August 2013, which indicated that of the 3,217 STRs transferred to the VA during those two months, 1,479 (46 percent) were

not timely. See Table 3 for the Navy 2013 timeliness results which demonstrate that nearly half of the STRs transferred were late.

Table 3. Navy Timeliness Results – July and August 2013

STRs Transferred to VA	Number of STRs	Percent of Total
Within 45 business days	1,738	54
Between 46 and 120 business days	1,479	46
Over 120 business days	0	0
Total	**3,217**	**100**

Inadequate STR Guidance Contributed to Delays

DoDI 6040.45 did not provide clear or comprehensive guidance concerning the STR transfer process, which directly impacted STR timeliness and completeness. Specifically, DoDI 6040.45 did not contain the DoD-VA agreed upon process for certifying STR completeness, did not clearly address requirements for STR record reviews and for forwarding STRs to the Military Department central cells, and did not include a requirement for the military personnel community to provide copies of loss rosters[4] to the MTF.

DoDI 6040.45 requires the MTF and DTF to certify that STRs are complete before they are forwarded to the Military Department central cells. The instruction includes examples of certification letters in which an MTF or DTF official certifies that the service member is discharged or retired and that the MTF or DTF has no other medical or dental records for that service member. In June 2013, DoD and VA agreed that instead of the certification letters, each STR should contain a DD Form 2963, "Service Treatment Record (STR) Certification." However, DoDI 6040.45 was not revised to require use of the DD Form 2963. MTF and DTF officials at the sites we visited were unaware of the requirement. Any STRs transferred to the VA with a certification letter instead of the DD Form 2963, the VA considered

> DoD and VA agreed… each STR should contain a DD Form 2963,… However, DoDI 6040.45 was not revised to require use of the DD Form 2963… MTF and DTF officials were unaware of the requirement and continued to use the certification letters.

[4] A loss roster is a list of all projected retiring and separating active duty and retiring and discharging reserve component service members.

incomplete. The VA also considered an STR incomplete if it contained a non-availability letter, which DoDI 6040.45 allowed if a service member's original medical or dental record was not available. To reduce the number of STRs considered incomplete by the VA, DoD should revise DoDI 6040.45 to require use of the DD Form 2963 for certifying STR completeness as agreed to by DoD and VA.

DoDI 6040.45 requires that the Military Departments, including the Guard and Reserves, conduct annual STR reviews with the service member to ensure STR completeness. The instruction also lists other times reviews should be conducted, to include discharge and permanent change of station, but does not state whether those reviews are in addition to the annual reviews. DoDI 6040.45 calls for periodic evaluations of the STR review process to ensure the effectiveness of review operations for each Service-specific regulation. The MTFs we visited did not conduct annual reviews. They stated they did not have the resources available to do so. In addition, although the Service-specific regulations contained requirements to oversee the review process, that oversight was not being conducted. USD(P&R) and DHA should implement procedures to ensure that the Services are conducting oversight of the reviews.

Reviews of STRs are necessary because missing documents can prolong the time needed for the VA to process a service member's benefit claim. Documents might not be available if a service member obtained medical or dental care from a civilian provider or may be in a local database instead of in the paper STR or AHLTA. Further, if the service member received mental health care, additional medical records may be maintained in a restricted file. If a VA benefit claim is supported in total or in part by information included in a mental health record and that documentation is not in the STR, the VA will not have the necessary data to process the claim. Because the annual records review is an important control to ensure that STRs are complete, USD(P&R) and DHA should ensure that the Services are implementing the annual reviews and conducting oversight of the reviews.

DoDI 6040.45 does not clearly state the roles and responsibilities for forwarding STRs to the central cells. In Enclosure 3, paragraph 2.d.5 (b), the instruction states that upon retirement or discharge, or at the end of Service, the MTF and DTF shall transfer a certified complete STR packet to the applicable central cell. In Enclosure 3, paragraph 2.d.4.a.8., the instruction states that MTF personnel shall transfer the complete STR to the central cell no later than 30 days after discharge. At Enclosure 3, paragraph 2.d.4.a.4., the instruction states that DTFs should provide the member's complete dental record to the central cell within 30 days of a member's discharge. Because the definition of an STR includes both the medical record and dental record,

it appears that both the MTF and DTF are responsible for providing the complete STR to the central cell, while at the same time the DTF is required to provide just the dental record to the central cell. At the sites we visited, this guidance caused confusion because the MTFs were asking the DTFs for the dental record so that the "complete" STR could be transferred in one package to the central cell. However, the DTFs were often not providing the dental record. To potentially streamline the STR transfer process and reduce confusion, DoD should revise DoDI 6040.45 to clearly identify the party responsible for transferring the STR to the central cell.

Although DoDI 6040.45 requires the military personnel community to "regularly" provide the MTF with personnel rosters to facilitate the annual medical and dental records reviews, it does not require the military personnel community to provide the MTF with loss rosters to facilitate the STR transfer process. The MTF uses the loss roster, which identifies personnel who are retiring or otherwise being discharged, to ensure that all STRs needing to be transferred to the VA are identified. However, according to MTF officials, it sometimes takes months to receive the loss rosters, which effects timeliness of separated service members' STRs that have not been processed. To ensure that the MTFs can provide timely STR, DoDI 6040.45 should be revised to require the military personnel community to provide the MTF with loss rosters on a weekly basis.

Inefficient STR Transfer Procedures

The Army Reserve, National Guard, and the Navy had inefficient procedures in place for transferring STRs. Specifically, the Army Reserve and National Guard were scanning STRs that were already available in an electronic system and the Navy was mailing hard copy STRs to two different facilities before they were mailed to a third facility for scanning into HAIMS.

The Army Reserve and National Guard personnel stated they were using the Health Readiness Record (HRR) to electronically maintain medical and dental records. However, they also kept duplicate paper records that were scanned into HAIMS when the service member retired or was discharged. HRR is an electronic health care repository that contains results of annual health care assessments and information from private physicians and dentists. Although the Army central cell has access to HRR, the Army Reserve and National Guard units we visited were sending a paper STR containing all of the HRR information to the central cell for scanning into HAIMS. There is not an interface between HRR and HAIMS that would allow for an

electronic data flow; however, the central cell could improve efficiencies by accessing systems such as HRR, creating a PDF of the record, and uploading it into HAIMS.

The Navy was mailing its paper STRs to two different facilities in two different states before it was mailed to a third facility for scanning into HAIMS. Naval Administrative Memorandum 331-13, "Proper Transfer of Health Service Treatment Records (STRS) of Transitioning Service Members to the Veterans Administration," November 26, 2013, directed Navy and Marine Corps MTF and DTFs to send STRs to the Naval Medical Records Activity (NMRA), St. Louis, Missouri. According to BUMED officials, NMRA then forwarded the STRs to the Navy Bureau of Medicine and Surgery (BUMED) in Falls Church, Virginia, which then transported the STRs to a contractor facility in Chantilly, Virginia, for scanning. A Navy Officer stated that the STRs are first mailed to St. Louis because the Navy central cell will ultimately be located there and they wanted the MTF and DTFs to be familiar with sending the STRs to St. Louis and not be confused when the mailing address changes. A BUMED official stated that the St. Louis scanning facility should be completed in late FY 2014 or early FY 2015. However, until that facility is completed, the Navy could improve efficiencies by revising its guidance to require the STRs be mailed directly to the scanning facility.

Increased Risk of Delays to Veteran's Benefit Claims

DoD's failure to consistently make timely and complete STRs available to the VA likely contributed to delays in processing veteran's benefit claims. The VA claims process is contingent upon DoD providing sufficient evidence to support the veteran's claim. If the VA does not receive sufficient evidence to process a claim, the agency will request additional information from the veterans' service point of contact. In 2013, the VA reported that 58 percent of benefit claims took 125 days or more to process. Returning the claim to DoD for additional evidence adds to the processing time. The VA's goal for 2015 is to process benefit claims within 125 days or less. Therefore, DoD must consistently provide timely and complete STRs to the VA to reduce the number of claims returned for additional evidence and the amount of time before eligible veterans receive their disability benefits.

Implementing the Paperless STR Transfer Process Effects 2014 Timeliness and Completeness Results

As of January 1, 2014, the Military Departments were required to use the paperless process for transferring STRs to the VA. To determine the effect of the paperless STR transfer process on timeliness and completeness, we reviewed transfer data from

January 1 through April 17, 2014. To determine timeliness, we used the standard specified in the National Defense Authorization Act for FY 2014, which states that as of January 1, 2014, DoD will make STRs available to the VA no later than 90 days after the date of service members' discharge or release. To determine completeness, we identified whether the STR contained a medical record and a dental record as the paperless process no longer requires that a separation document be included in the STR.

Because factors such as training, staffing, and process implementation likely affected the results, our results may not indicate future trends. However, the timeliness and completeness rates did vary for some of the Military Departments when compared to the paper STR transfer results for 2013. Specifically, timeliness rates worsened for all three Military Departments and completeness rates worsened for the Army but improved for the Air Force. Because data was not available, we could not determine completeness rates for the Navy.

Only 2,310 of 13,740 (17 percent) Army STRs were timely. This was 4 percent lower than the paper STR transfer results from 2013. Although 10,267 of 15,292 (67 percent) Army STRs were complete, this was 5 percent lower than the paper STR transfer results from 2013. The Army attributed the lower timeliness and completeness rates to delays with HAIMS when scanning STRs, server capacity, training, and obtaining common access cards[5] for contractor personnel.

Only 494 of 1,802 (27 percent) Air Force STRs were timely. This was 38 percent lower than the paper STR transfer results from 2013. However, 1,677 of 1,802 (93 percent) Air Force STRs were complete, which was 4 percent higher than the prior process. The Air Force central cell officials attributed the lower timeliness rates to a 10,000 STR backlog at the central cell that developed because of the new paperless process. Central cell officials described initial setbacks in training as well as obtaining common access cards and background checks for contractor personnel.

For the Navy, only 2,803 of 12,620 (22 percent) of the records were made available to VA timely. This is significantly less (32 percent) than transferred using the old process. The Navy attributed the lower rates to delays with HAIMS when scanning STRs and server capacity. The completeness rate for the Navy under the new process was 7,121 of 12,620 (about 56 percent). However, because the Navy could not provide completeness data for 2013 we could not compare the rate to 2014.

[5] A common access card is a form of DoD ID card which contractor personnel use to gain access to computer systems to process or scan STRs into HAIMS.

The full impact of the paperless STR transfer process on timeliness and completeness will not be known until the process stabilizes. However, implementing the new process will not change the findings discussed in this report. Therefore, we have not modified any of the report recommendations based on its implementation. To ensure that DoDI 6040.45 is revised to reflect the 90-day timeliness standard specified in the National Defense Authorization Act for FY 2014, we added a recommendation to revise the DoDI 6040.45 accordingly.

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Under Secretary of Defense for Personnel and Readiness revise DoD Instruction 6040.45, "Service Treatment Record (STR) and Non-Service Treatment Record (NSTR) Life Cycle Management," October 28, 2010, in coordination with the Director, Defense Health Agency to include detailed procedures for the Military Departments for making STRs available to the VA. At a minimum, the revision should:

a. **Update the process for certifying a service treatment record as complete,**

b. **Update the timeline for making STRs available to the Department of Veterans Affairs, reflecting the 90-day standard contained in the FY 2014 National Defense Authorization Act,**

c. **Identify the responsible party for transferring STRs to the central cell,**

d. **Require central cells to query all DoD systems containing service members' medical and dental information, such as the Health Readiness Records system, to ensure service treatment records for Reserve Component personnel contain a complete history of documented healthcare, and**

e. **Require the military personnel community to provide loss rosters to the Military Treatment Facilities on a weekly basis.**

Under Secretary of Defense for Personnel and Readiness Comments

The Under Secretary of Defense for Personnel and Readiness generally agreed, stating that a draft DoD Instruction has been updated to include each of the

recommended actions and that it will begin coordination by mid-August. The Under Secretary stated that the Secretary of Defense issued a mandate on June 23, 2014, to measure STR timeline performance and report out weekly, with an objective to attain current DoD guidelines instead of changing the STR timeline to 90 days in accordance with the FY 2014 NDAA. The Under Secretary stated that the ongoing analysis, along with an increased focus on STR compilation and certification, would better inform the decision to change the STR timeline. The Under Secretary also stated that as an alternative to the requirement for weekly loss rosters, monthly loss rosters are more efficient to use in support of STR processing.

Our Response

Comments from the Under Secretary of Defense for Personnel and Readiness addressed the recommendations. Although the Under Secretary proposes alternative action with respect to STR guidelines and the loss rosters, the intent of the recommendation is met and no further comments are required.

Recommendation 2

We recommend that the Under Secretary of Defense for Personnel and Readiness in coordination with the Director, Defense Health Agency implement procedures to ensure that the Military Departments perform annual reviews of STRs with service members and conduct oversight of those reviews, to achieve STR completeness in accordance with DoD Instruction 6040.45.

Under Secretary of Defense for Personnel and Readiness Comments

The Under Secretary of Defense for Personnel and Readiness agreed.

Our Response

Although the Under Secretary of Defense for Personnel and Readiness agreed with the recommendation, the comments did not clearly indicate what procedures they would use to ensure the completion of the annual reviews of STRs with the Service members or when these procedures would be implemented. Therefore, we request the Under Secretary of Defense for Personnel and Readiness provide additional comments to the recommendation by August 29, 2014.

Recommendation 3

We recommend that the Commander, U.S. Army Medical Command, and the Commander, U.S. Navy Bureau of Medicine and Surgery review the service

treatment record transfer process for active duty Navy and Army reserve and National Guard personnel to identify and resolve inefficiencies that delay the timely processing of service treatment records.

Navy Bureau of Medicine and Surgery

The Commander, U.S. Navy Bureau of Medicine and Surgery, did not submit comments to the draft report. Therefore, we request the Commander, U.S. Navy Bureau of Medicine and Surgery provide comments on the recommendation by August 29, 2014.

Army Medical Command

The Chief of Staff for the Office of the Surgeon General responding for the Office of the Surgeon General and the U.S. Army Medical Command agreed, stating that the Army has made tremendous efforts to ensure complete STRs are transferred to the VA. According to the Chief of Staff, the Army reached a 98 percent completion rate for transferred records in November 2013, although acknowledging that timeliness often suffered due to a lag in locating dental records. The Chief of Staff provided examples of actions the Army has taken to improve timeliness. Those actions include publishing guidance; conducting mandatory training, requiring the contractor to ensure that all documents are scanned, hiring additional personnel, improving communications with the Reserve Component units, and coordinating with VA to accept the HRR file for Reserve Component personnel who file a claim while they are still in the military. The Chief of Staff stated that the Office of the Surgeon General and MEDCOM are developing standardized timeliness metrics for measuring the Army's ability to provide STRs to the VA in the required timeframe. Lastly, the Chief of Staff stated that the Office of the Surgeon General and MEDCOM are working on a plan, in coordination with Army Manpower and Reserve Affairs, to improve the timeliness of record uploads and monitor performance. This plan is due to the Undersecretary of Defense for Personnel and Readiness by August 1, 2014.

Our Response

Comments from the Commander, U.S. Army Medical Command addressed the specifics of the recommendation and no additional comments are required.

Appendix

Scope and Methodology

We conducted this performance audit from November 2013 through July 2014 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our finding and conclusions based on our audit objective. We concluded that the evidence obtained provides a reasonable basis for our finding and conclusions based on our audit objective.

To meet the audit objective, we met with personnel from USD(P&R), ASD(HA), DHA, the Military Departments' medical staff, and the VA Record Management Center. We also met with personnel from the Military Departments' central cells and military treatment facilities to obtain STR data to evaluate whether complete STRs were available to the VA within required timelines. Further, we met with medical personnel from the Army and Air Force Reserves and National Guard and Navy Reserves to review their STR transfer process.

We analyzed STR data from the Army and Air Force Health Treatment Record (HTR) databases for 2013. According to Army and Air Force central cell officials, the Army and Air Force use Microsoft Access HTR databases to track the STRs arrival at the central cell. We used the HTR databases to identify a universe of all records processed by the Army and Air Force in 2013. The Army HTR database showed that the Army central cell mailed 96,224 records to VA in 2013. The Air Force HTR database showed the Air Force Records Disposition Center mailed 45,912 records to VA in 2013. In 2013, the Navy did not use a centralized database to track STRs sent to VA. For that reason, the Navy performed a manual data call and compiled data for July and August 2013 into a Microsoft Excel spreadsheet file. According to this data, the Navy mailed 3,217 STRs during these two months.

Using the HTR databases we obtained and analyzed Army and Air Force data for the first 107 days of 2014. According to BUMED officials, the Navy central cell and Camp Lejeune used Microsoft Excel files to manually record information on the STRs they processed in 2014. We analyzed the data contained in these excel files to determine whether STRs were timely and complete.

Use of Computer-Processed Data

We relied on data from the Army and Air Force HTR databases to support our audit finding and conclusions. The Army and Air Force central cells use the HTR databases to track receipt of separated members' medical records at the Military Department central cell, the assembly and contents of those records, and shipment of the records to the VA.

To assess the reliability of the data, we compared data from the HTR databases to hardcopy medical treatment records at the Army central cell in San Antonio, Texas and the Air Force central cell at Randolph Air Force Base, Texas. We determined whether the HTR databases accurately recorded the date of separation and the contents of each record (separation document, medical record, and dental record). Based on our comparison, we concluded that the data were sufficiently reliable for assessing the conclusions on completeness and timeliness.

Use of Technical Assistance

We obtained support from the DoD Office of Inspector General Quantitative Methods Division (QMD) in developing a non-statistical sample to evaluate timely and complete STRs. QMD reviewed sampling data obtained from the Military Departments and advised on the reliability testing procedures for the data.

Prior Coverage

During the last 5 years, the Government Accountability Office (GAO) issued one report discussing information sharing between the DoD and the Department of Veterans Affairs. Unrestricted GAO reports can be accessed over the Internet at http://www.gao.gov.

GAO

Report No. 12-992, "VA and DoD Health Care Department-Level Actions Needed to Assess Collaboration Performance, Address, Barriers, and Identify Opportunities," September 2012

Management Comments

Under Secretary of Defense for Personnel and Readiness

PERSONNEL AND READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JUL 23 2014

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL PRINCIPAL ASSISTANT INSPECTOR GENERAL FOR AUDITING

SUBJECT: Draft Report on Department of Defense Inspector General Project No. D2014-D000RF-0054.000 – "Audit of the Transfer of DoD Medical Records to the Department of Veterans Affairs"

This is the Department of Defense (DoD), Office of the Under Secretary of Defense (Personnel and Readiness) response to the DoD Inspector General Draft Report on Project No. D2014-D000RF-0054.000, "Audit of the Transfer of DoD Medical Records to the Department of Veterans Affairs." Thank you for the opportunity to review and provide comments on the Draft Report. I concur with the report's findings in the attached comments.

My point of contact is [redacted], Executive Director, DoD/Veterans Affairs Collaboration Office. [redacted] may be reached at [redacted].

Jessica L. Wright

Attachment:
As stated

Under Secretary of Defense for Personnel and Readiness (cont'd)

DEPARTMENT OF DEFENSE INSPECTOR GENERAL
DRAFT REPORT ON PROJECT NO. D2014-D000RF-0054.000 -
"AUDIT OF THE TRANSFER OF DoD MEDICAL RECORDS TO THE DEPARTMENT OF VETERANS AFFAIRS"

DoD RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1: We recommend that the Under Secretary of Defense for Personnel and Readiness revise the DoD Instruction 6040.45, "Service Treatment Record (STR) and Non-Service Treatment Record (NSTR) Life Cycle Management," October 28, 2010, in coordination with the Director, Defense Health Agency to include detailed procedures for the Military Departments for making STRs available to the VA. At a minimum, the revision should:

a. Update the process for certifying a service treatment record as complete,

b. Update the timeline for making STRs available to the Department of Veterans Affairs, reflecting the 90-day standard contained in the FY 2014 National Defense Authorization Act,

c. Identify the responsible party for transferring STRs to the central cell,

d. Require central cells to query all DoD systems containing service members' medical and dental information, such as the Health Readiness Records system, to ensure service treatment records for Reserve Component personnel contain a complete history of documented healthcare, and

e. Require the military personnel community to provide loss rosters to the Military Treatment Facilities on a weekly basis.

DoD RESPONSE: Concur with comment. The Director, Defense Health Agency has a team in place. A draft DoDI has already been updated to include each of the actions recommended by the DoD IG and will begin coordination by mid-August. The one exception is the recommendation to change the STR timeline to 90 days per the FY2014 NDAA. The Secretary of Defense issued a mandate to the Services on June 23, 2014, to measure this performance and report out weekly, with an objective to attain current DoD guidelines. This ongoing analysis, along with our increased focus on STR compilation and certification, will better inform our position on whether the current timeline should be changed. One additional note is that in discussing the requirement for weekly loss rosters, some of the functional representatives to the work group expressed the sentiment that monthly loss rosters are more efficient to use in support of their STR processing.

RECOMMENDATION 2: We recommend that the Under Secretary of Defense for Personnel and Readiness in coordination with the Director, Defense Health Agency require the Military Departments to perform annual reviews of STRs with service members to achieve STR completeness.

DoD RESPONSE: Concur.

Department of the Army

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042-5140

REPLY TO
ATTENTION OF

MCIR

23 JUL 2014

MEMORANDUM FOR Department of Defense Inspector General, Contract Management and Payments, ATTN: Mr. Donald Bloomer, 4800 Mark Center Drive, Alexandria, VA 22350-1500

SUBJECT: Reply to DODIG Draft Report, Transfer of DoD Service Treatment Records to the Department of Veterans Affairs (Project No. D2014-D000RF-0054.000)

1. Thank you for the opportunity to review this report. Our comments are enclosed for your consideration. As discussed in the reply, many of the issues identified in the report are being addressed by major program changes and/or process improvement initiatives.

2. The Office of The Surgeon General and U.S. Army Medical Command acknowledge DODIG's identification of internal control weaknesses as stated on page 3 of the draft report, and DODIG's intent to provide a copy of the report to the senior official responsible for internal controls in the Army Medical Command. DOD and Army actions taken in response to the recommendations should correct these weaknesses.

3. Our point of contact is [redacted] Internal Review and Audit Compliance Office, [redacted]

FOR THE SURGEON GENERAL:

Encl

ULDRIC L. FIORE, JR.
Chief of Staff

Department of the Army (cont'd)

U.S. Army Medical Command (MEDCOM) and
Office of the Surgeon General (OTSG)

Comments on DODIG Draft Report
Transfer of DOD Medical Records to the Department of Veterans Affairs
(Project No. D2014-D000RF-0054.000)

RECOMMENDATION 3: We recommend that the Commander, U.S. Army Medical Command, and the Commander, U.S. Navy Bureau of Medicine and Surgery review the service treatment record transfer process for active duty Navy and Army Reserve and National Guard personnel to identify and resolve inefficiencies that delay timely processing of service treatment records.

RESPONSE: Concur. As of August 2013, the Army has made tremendous efforts to ensure complete service treatment records (STR) are transferred to the Department of Veterans Affairs (VA).

As of 1 January 2014, Services no longer provide a paper medical record to the VA. Medical documentation is uploaded into the Healthcare Artifact and Imaging Management Solution (HAIMS), and accessed by VA personnel through an interface.

The Army has taken a number of actions to improve timeliness, including:

- Formally publishing requirements for sending complete STRs in a timely manner to the Army Medical Department Record Processing Center (ARPC) (see attachment 1).
- Conducting multiple mandatory training sessions with appropriate military and dental treatment facility and Reserve Component personnel.
- Requiring the contract vendor to ensure output (scanning/upload) matches input (records received) at the ARPC.
- Hiring additional ARPC staff to support requirements. We expect this action to be complete by 1October 2014.
- Standardizing communications with the US Army Reserve and Army National Guard to help ensure a timely response to requests for records needed to support VA claims. Further, the Defense Health Agency (DHA) coordinated with the VA to allow the Army to use the Health Readiness Record (HRR) file as the STR for Reserve Component personnel who are filing a claim while they are still in the military. The Army began moving HRR files for this population into HAIMS in May 2014. DHA is continuing collaboration with the VA to expand the sharing of Army HRR files to include all Reserve Component STR files.

Encl

Department of the Army (cont'd)

- Developing compliance metrics to provide a standardized view of the Army's ability to provide STRs to the VA within the required timeline. Metrics will be available by 21 July 2014.

In addition to these efforts, DOD recently directed the Services to create a comprehensive plan to improve timeliness of record uploads and monitor performance (see attachment 2). OTSG/MEDCOM is currently working on the directed plan in coordination with Army Manpower and Reserve Affairs, which is due to the Office of the Undersecretary of Defense for Personnel and Readiness by 1 August 2014.

Department of the Army (cont'd)

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO ATTENTION OF

OTSG/MEDCOM Policy Memo 14-012

MCZX

12 FEB 2014

Expires 12 February 2016

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBBORDINATE COMMANDS

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

1. References:

a. AR-66, Medical Record Administration and Health Care Documentation, 4 Jan 10.

b. Memorandum, Health Affairs, 24 Jul 13, subject: Approval for Interim Guidance for use of the Healthcare Artifact and Image Management Solution (HAIMS)–Service Treatment Record and Clinical Use, Enclosure 1 and 2.

c. Memorandum, Health Affairs, 9 Sep 13, subject: Guidance for Requesting Correction of Erroneously Entered Information in the Armed Forces Health Longitudinal Technology Application (AHLTA).

d. Defense Health Information Management System (DHIMS) Deployment Operations, HAIMS Implementation Guide, v 3.4, 1Apr 13.

2. Purpose: This document serves as the US Army Medical Command (USAMEDCOM) policy and provides general guidance to scanning outpatient medical documentation into HAIMS as it becomes the primary repository of scanned medical documentation in lieu of the AHLTA Clinical Notes section.

3. Proponent: The proponent for this policy is Patient Administration Division (PAD), Patient Care Integration (PCI), OTSG/MEDCOM G-3/5/7.

4. Responsibilities:

a. The Military Treatment Facilities (MTFs) are responsible for storing and maintaining clinical information for its beneficiaries in a consistent manner in order to facilitate patient care (Reference 1d.)

* This policy memo supersedes OTSG/MEDCOM Policy Memo 13-004, 30 Jan 13, subject: AHLTA Scanning Guidance; and OTSG/MEDOM Policy Memo 11-037, 3 May 11, subject: Emergency Department Documentation.

Attachment 1

Department of the Army (cont'd)

MCZX
SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

b. The MTF PAD Office is responsible for providing oversight for all medical record scanning functions and will develop and coordinate local policies related to scanning medical documentation into HAIMS. PAD will coordinate with the appropriate clinical and administrative staff in the development of workflow processes required to establish and maintain electronic scanning, archival, storage, transmittal, and disposition of medical records in accordance with (IAW) this policy and AR 40-66.

(1) MTF Local policies must incorporate the handling of medical documentation provided by network providers to ensure manpower is appropriately and adequately applied towards moving these documents into HAIMS.

(2) The local scanning policy will also outline procedure to remove illegible records and those records erroneously scanned and saved into the Electronic Health Records (EHR) of another patient. This policy will specify the MTF approval authority who will authorize removal of documents from HAIMS. Recommended approval level should be at the Deputy Commander for Administration or Clinical Services level. The local policy will also require that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer be notified when records are erroneously saved in another patient's EHR.

c. Generally, individual clinics/sections within the MTF that generate paper documentation should maintain responsibility for completing the scanning action for their area of responsibility.

d. In addition to overall scanning oversight for the MTF, PAD will provide direct scanning support for paper documents historically created/issued within PAD (such as Privacy Act Statement (DD Form 2005), Third Party Collection Program/Medical Services Account/Other Health Insurance (DD Form 2569) and Notice of Privacy Practices (NOPP) acknowledgement signatures) along with the scanning support for emergency department (ED) documentation generated in MTFs that do not use AHLTA in the ED. Other direct scanning support may be assigned to PAD based upon commander analysis of manpower assets.

5. Policy:

a. Effective 1 Apr 14, MTFs will use HAIMS as the electronic record repository for paper documents that are required to be scanned into the EHR. MTFs will no longer scan medical documentation into AHLTA.

b. Timeliness:

(1) ED documents generated outside of AHLTA (e.g., SF 558, Essentris® ED notes) will be scanned into HAIMS within 48 hours of the visit to ensure continuity of care between the ED provider and the patient's primary care manager.

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Department of the Army (cont'd)

MCZX
SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

(2) Other clinical documentation generated outside of AHLTA (e.g., Ophthalmology drawings, discharge summaries, and electrocardiograms) will be scanned into HAIMS within five business days of the visit to ensure complete documentation is available not only for continuity of care but for medical coding/billing as well.

(3) Administrative documents generated outside of AHLTA (e.g., NOPP acknowledgement, DD Form 2569) normally filed in the outpatient record will be scanned into HAIMS within seven business days of receipt.

(4) Documents that are in electronic form (e.g., reports from Network providers) will be transferred electronically whenever possible. These documents should not be printed just to be scanned into HAIMS. MTFs may still print these documents for filing into the non-Service Treatment Record (NSTR) as these records must be retired in the paper form at this time.

c. Quality Control (QC):

(1) Each MTF will incorporate a QC plan into their local scanning policy based upon the MEDCOM established standard. This standard follows the HAIMS scanning guidance: All documents must be validated to ensure legibility, readability, correct naming convention, and correct patient record. Additionally, any document that is moved electronically from an outside system into the EHR will be validated based on the same standards described above.

(2) The QC plan will also address proper disposition of the paper copy in accordance with the Army Records Information Management System (ARIMS) once the scanned image has been reviewed for accuracy, quality, and saved into the EHR. There is still a requirement to include the original copy in the paper NSTR for retirement to the National Personnel Records Center (NPRC).

(3) The QC plan and the MTF local scanning policy will become part of the MTF's Improving Organizational Performance program outlined in Chapter 12 of AR 40-66. Discrepancies will be reported to the MTF Medical Record/Quality Improvement Committee on a quarterly basis.

d. System Availability: In the event HAIMS is inoperable for any period of time, document scanning is to resume immediately after the system is operational, to include an accumulated backlog of documentation generated during downtime.

e. Utilization:

(1) The scanning of medical documentation WILL NOT be used as an alternate method of entering patient encounters into AHLTA; AHLTA remains the

3

Department of the Army (cont'd)

MCZX
SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

primary electronic outpatient medical record for the Army and clinics should document in AHLTA rather than in other systems or on paper.

(2) Listed below are circumstances in which scanning will be used to incorporate medical documents into EHR:

(a) Documents that require patient signature (e.g., consent forms, advance directives, DD Form 2569, DA Form 2005, and NOPP acknowledgement) until capability for patient electronic signature is available in AHLTA.

(b) Army physical exam forms (i.e., DD 2807-1, DD 2807-2, and DD Form 2808).

(c) Detailed clinical drawings not completed using the AHLTA clinical drawing module.

(d) Network consults and other reports that are generated outside of Department of Defense MTFs. Note: Whenever possible, documents received in a digital format need to be transferred into HAIMS as a digital document, following the HAIMS scanning validation and naming convention standards.

(e) Results of medical studies, (e.g., electrocardiogram, pulmonary function tests, sleep studies) that cannot be captured or entered digitally into AHLTA/HAIMS.

(f) Operative Reports, Discharge Summaries, Discharge Notes (Final Progress Note), and other clinically relevant reports that are not directly entered into AHLTA or imported from Essentris®.

(3) Scanned material will not contribute to the Evaluation Management calculation performed in AHLTA.

(4) Association with AHLTA Encounter. In order for a provider to know there are documents in HAIMS, the HAIMS document must be associated with an encounter or problem list. Once the documents are associated, the provider will see a paperclip icon for the events (previous encounters or problem list) that have HAIMS documents or images associated with it. When providers click on the paperclip, only documents or images associated with that encounter will appear.

(5) Naming Convention/HAIMS Metadata tags. Metadata tags describe information known about the document being scanned into HAIMS. The more metadata information provided, the more searchable the document will be. More information about the metadata tags can be found in References 1b. and 1d. Minimum metadata information that must be input before the document can be saved to HAIMS are:

Department of the Army (cont'd)

MCZX
SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

(a) Patient Name: Auto-populates when you select the patient in the search function along with patient and sponsor's social security numbers, Family Member prefix, date of birth and gender.

(b) Author Name: This is free text box used to enter the person considered to be responsible for the original document (e.g., ordering provider or network provider). Enter the full name of the author in "Last Name, First Name" format.

(c) Document Type: This metadata field has a drop down menu to select the document type (encounter note, advance directive, etc.).

(d) Military Health System Form Number: Auto-populates as characters are typed (e.g., 600). Highlight the proper form number to select.

(e) Procedure or Service: Auto-populate as characters are typed. Highlight the proper service to select.

(f) Clinic or Specialty: Use the drop down menu to select the clinic or specialty that generated the document.

(g) Mark as Sensitive: Click the box to mark the document as "Sensitive" and to restrict access to it. When this box is checked, unauthorized users will not have access to the document. All authorized users have access after acknowledging they will be viewing sensitive data and will be subject to auditing. See (7) below for examples of sensitive documents.

(h) See Reference 1d. for additional metadata fields and their definitions.

(6) Discrete data (such as diagnosis, lab values, etc.) currently are not searchable in HAIMS. However, if the document is uploaded correctly in HAIMS, it will be searchable via the metadata tagging associated to the note as well as tied to an encounter via AHLTA from the display of the paperclip icon in AHLTA. It is imperative that the scanning staff complete an many of the metadata fields as possible when saving documents to HAIMS.

(7) Sensitive Notice: Sensitive documents scanned into HAIMS will not require the cover as those documents scanned into AHLTA required. However, the Mark as Sensitive metadata field must be checked. Examples of sensitive documents include, but are not limited to, behavioral health, HIV-related information, unsubstantiated or substantiated child abuse cases, sexual assault, etc.

(8) Scanning will NOT be used for the following:

(a) Existing paper Service Treatment Records (STR)/NSTR). The Army Medical

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Department of the Army (cont'd)

MCZX
SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

Department Records Processing Center in San Antonio, TX, will scan STRs into HAIMS prior to forwarding to the Veterans Administration. MTFs will retire NSTRs to the NPRC IAW ARIMS.

(b) Handwritten notes used as a substitute for entry of patient data into AHLTA.

(c) Electronic documents that can be moved from one system to another without printing.

6. Procedures:

a. Scanners will be used to capture certain paper-based documentation that is required to be maintained in the patient's medical record.

b. Scanning will serve as an interim method for entry of documents into the patient's EHR that involve patient signature or drawings to include ED documentation until a fully integrated electronic method is fielded to accomplish these tasks.

c. Scanning will serve as an interim method for the capture of specific patient reports, such as electrocardiograms, into EHR until a direct equipment interface is developed.

d. Documents scanned into HAIMS become part of the medicolegal record; no document should be scanned into HAIMS that would not be filed in the outpatient medical record. Although Microsoft Office products are supported by HAIMS, MTFs need to ensure that any documents saved/imported into HAIMS cannot be altered. All medical documents and other documents in support of medicolegal issues should be in PDF format. If medical documentation is completed using a Microsoft Word type software, the verbiage should be copied, pasted, and saved into an AHLTA note.

e. Patient Identification: Each page scanned into HAIMS will have the patient's identification printed/legibly written on it. This is to ensure proper identification should individual sheets become separated when printed at a later time and to ensure quality assurance verifiability of the scanned document.

f. MTFs will develop workflow processes that optimize the use of HAIMS in conjunction with AHLTA. Consult the HAIMS implementation guide (Reference 1d.) for scanning instructions.

g. As the HAIMS deployment continues, lessons learned will be distributed to MTFs through Information Management Directorate and PAD channels.

h. Erroneously and poorly scanned documents. Documents erroneously scanned and saved into the record of another patient must be removed from the EHR. All errors must be validated and the removal approved by the MTF approving authority.

Department of the Army (cont'd)

MCZX
SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

(1) HAIMS: Once approved, the local HAIMS system administrator can delete the document.

(2) AHLTA: Corrections to AHLTA cannot be made locally. MTFs must follow the procedure outlined in Reference 1c.

FOR THE COMMANDER:

Encls

ULDRIC L. FIORE, JR.
Chief of Staff

7

Department of the Army (cont'd)

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JUL - 7 2014

PERSONNEL AND READINESS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Implementation Instructions for Availability of Records for the Department of Veterans Affairs

Per attached memorandum (TAB A), the Secretary of Defense has directed that the Services take certain actions, as follows:

- Service Treatment Records (STRs) Timeliness. Measure and report the percent of complete STRs that were uploaded into the Healthcare Artifact and Image Management Solution (HAIMS) within 45 business days from the date the Service member separated from the military and the average number of days it took to upload complete STRs. For reporting purposes, a complete STR is defined as a printout of medical record information from the Armed Forces Health Longitudinal Technology Application in Portable Document Format (AHLTA web print); other paper medical records; dental records; and DD Form 2963 (Service Treatment Record Certification).

- Single Points of Entry (SPoE) Responsiveness. Capture and report the total number of requests received each week, and the average length of time it takes to resolve each of these requests with the Department of Veterans Affairs. Additionally, please capture and provide the number of requests that are lingering, and are taking longer than 30, 60, and 90 days.

- The Services will also provide a comprehensive plan on how to bring the timeliness of uploading records into HAIMS in compliance with Department of Defense policy guidelines. Your plans are due to my office no later than August 1, 2014 and will, at a minimum, include a projected date when you will meet the 45 business day standard and any immediate actions or interim milestones that you will implement to achieve timeliness standards. The Navy and Air Force implementation plans should also review the Army's Health Readiness Record as an option to create an electronic medical document storage system for their own Reserve Components.

Please refer to the attachment at TAB B that explains how to measure, and provides a template for your use to submit weekly reports. The first submission is due to the DoD/VA Collaboration Office by email (osd.pentagon.ousd-p-r.mbx.dvco@mail.mil) on July 21, 2014, capturing the previous week's data (July 14 – 18, 2014).

Attachment 2

Department of the Army (cont'd)

Point of contact for reporting is [redacted] DoD/VA Collaboration Office, [redacted] Request you identify your respective points of contact and provide their contact information to [redacted] no later than July 16, 2014.

Thank you, and please extend my appreciation to your staff in advance for their focus on this important work.

Jessica L. Wright

Attachments:
As stated

cc:
Assistant Secretary of Defense (Health Affairs)
Assistant Secretary of Defense (Readiness and Force Management)
Assistant Secretary of Defense (Reserve Affairs)
Director, Defense Health Agency
Director, Joint Staff
Deputy Chief of Staff, Army Personnel
Chief of Naval Personnel
Deputy Chief of Staff, Air Force Personnel
Deputy Commandant of the Marine Corps (Manpower and Reserve Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director, Manpower and Personnel, J1
Joint Staff Surgeon
Director, Manpower and Personnel, National Guard Bureau

2

Department of the Army (cont'd)

TAB A

Department of the Army (cont'd)

SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

JUN 2 3 2014

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE

SUBJECT: Service Treatment Record Processing and Availability of Records to the Department of Veterans Affairs

Our complete support to the Department of Veterans Affairs (VA) in their effort to process Veterans' disability claims in a timely, accurate manner is a priority. The Services have improved many aspects of transition for our Service members, in partnership with the VA, but we can and must do better. The timeliness with which we make Service Treatment Records (STRs) of separating Service members available to the VA and how quickly we respond to their requests for records are points of concern for both Departments and must be resolved.

Regardless of how we measure the time it takes to consolidate, mail, certify, and upload records into the Health Artifact and Image Management Solution (HAIMS), it is taking too long. I recognize Service-unique differences that impact the management processes for handling these documents. However, I believe that better accountability begins with better fidelity on the actual numbers of separating and retiring members, and clearly communicating the impact of these numbers to the agencies and activities that are responsible to gather the documentation. To this end, I am directing the Services to accomplish the following:

- Create a comprehensive plan to improve timeliness, with an initial goal to achieve current DoD guidelines. Report to USD(P&R) weekly, who will in turn update me within 45 days from the date of this memorandum and on a continuing basis thereafter. At that time, I will determine policy and process implications and any necessary change.

- Monitor throughput for Single Points of Entry, and report weekly to USD(P&R) on the average number of days to resolve VA requests for information. Again, this analysis will be reported to me within 45 days from the date of this memorandum and on a continuing basis thereafter.

Additionally, I direct the Navy and Air Force to provide USD(P&R), within 45 days from date of this memorandum, a plan to create an electronic medical document storage system for their Reserve Components. Part of this plan should include a review of the Army's Health Readiness Record, a system that consolidates both medical and dental records of the Army's Reserve Components and is scheduled to electronically send STR documents to HAIMS in early Fiscal Year 2015. This plan will be incorporated into the USD(P&R) assessment.

Department of the Army (cont'd)

Part of our work to close gaps, improve systems and processes, and shorten the response time to VA requests for information, will include routine communication about continuous improvements between me and the Secretary of Veterans Affairs. I appreciate your commitment to this effort and to the need for continuity of support as Service members' transition to Veteran status.

Thank you for all that you and your team do for our country.

cc:
Chairman of the Joint Chiefs of Staff
Chief of the National Guard Bureau

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Department of the Army (cont'd)

TAB B

Department of the Army (cont'd)

1. Percent of complete STRs that were uploaded within 45 business days:

# of complete STRs that were uploaded during the report week that were uploaded within 45 days from the date the Service member was released from Service / Total number of complete STRs that were uploaded during the same report week	=	% of complete STRs that were uploaded within 45 days

2. Average number of days to upload complete STRs into HAIMS:

The sum total of the number of days for each record between release from Service and the date the complete STR was uploaded for all the complete STRs that were uploaded during the report week / Total number of complete STRs that were uploaded during the same report week	=	Average number of days to upload complete STRs into HAIMS

3. Single Point of Entry (SPoE) Responsiveness:

a. Total number of requests received in the report week
b. Total number of requests answered in the report week
c. The average length of time it took to answer the requests that were answered during the report week

The sum total of the number of days it took to provide an answer for each of the answers that were provided during the report week / Total number of requests that were answered during the same report week	=	Average number of days it took to answer a request

d. # of pending requests:
   1) > 30 days
   2) > 60 days
   3) > 90 days

Department of the Army (cont'd)

Report Template

Service: _____ Date of Report: _____

Report Week:[1] _____ Person preparing the report and contact information:

Email to: osd.pentagon.ousd-p-r.mbx.dvco@mail.mil, or fax to (703) 614-1243

Record Timeliness	Total number of records	**1. Percent uploaded within 45 business days**	**2. Average number of days to upload**
Active			
Guard			
Reserve			

3. SPoE Responsiveness

a. Total number of requests received	
b. Total number of requests answered	
c. Average number of days to answer	
d.(1) Number of pending requests older than 30 days	
d.(2) Number of pending requests older than 60 days	
d.(3) Number of pending requests older than 90 days	

e. Remarks (optional, use continuation sheet if necessary):

[1] For reporting purposes, report weeks run from Saturday through close of business on Friday

Acronyms and Abbreviations

AHLTA	Armed Forces Health Longitudinal Technology Application
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BUMED	Navy Bureau of Medicine and Surgery
DHA	Defense Health Agency
DTF	Dental Treatment Facility
HAIMS	Healthcare Artifact and Image Management Solution
HRR	Health Readiness Record
HTR	Health Treatment Record
MTF	Medical Treatment Facility
NMRA	Navy Medicine Records Activity
PSD	Personnel Support Detachment
STR	Service Treatment Record
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs


INSPECTOR GENERAL
INTEGRITY
EFFICIENCY
DEPARTMENT OF DEFENSE

Whistleblower Protection
U.S. Department of Defense

The Whistleblower Protection Enhancement Act of 2012 requires the Inspector General to designate a Whistleblower Protection Ombudsman to educate agency employees about prohibitions on retaliation, and rights and remedies against retaliation for protected disclosures. The designated ombudsman is the DoD Hotline Director. For more information on your rights and remedies against retaliation, visit www.dodig.mil/programs/whistleblower.

For more information about DoD IG reports or activities, please contact us:

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congressional@dodig.mil; 703.604.8324

Media Contact
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